

Appendix I

REFUGEE SCHOOL IMPACT GRANT ASSURANCE FORM PROGRAM YEAR 2012-13

I certify that the information in this Assurance Form is accurate and complete.

- Our RSIG program will identify and provide educational services to eligible refugee students as defined in 45 Code of Federal Regulations Sections 400.43, 401.2, 400.208 and other relevant statutes; and will maintain copies of federal documentation as described in State Letter 00-17 verifying eligibility of participants and make these copies available for review and/or audit by the United States (U.S.) Department of Health and Human Services, Administration for Children and Families (DHHS/ACF), the federal Office of Refugee Resettlement (ORR), and the California Department of Social Services (CDSS).
- Federal funding is available for a state's expenditures for assistance and services to a family unit which includes a refugee parent or two refugee parents and one or more of their children who are non-refugees, including children who are U.S citizens. Federal funding is not available for a state's expenditures for assistance and services provided to a non-refugee adult member of a family unit or to a non-refugee child or children in a family unit if one parent in the family unit is a non-refugee. Further information on eligible RSIG participants and acceptable documentation is available at:
<http://www.acf.hhs.gov/programs/orr/about/whoweserve.htm>
- Our RSIG program will collaborate, and maintain records of collaboration, with the County Refugee Coordinator, one voluntary agency, and three service providers. We will also regularly attend the local refugee forum meeting if one meets in our area. The records will be available for review and/or audit by DHHS/ACF, ORR, and/or CDSS, and/or the representatives or designees of these departments.
- Our RSIG program will maintain complete documentation of program activities and expenditures. The records will be available for review and/or audit by DHHS/ACF, ORR, and/or CDSS, and/or the representatives or designees of these departments.

I, the official named below, hereby swear that I am duly authorized legally to bind the grant recipient to the certification described above. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California. In addition, I certify that, to the best of my knowledge, the information contained in this application is complete and correct.

Printed Name of Authorized Representative or Designee

Title

Signature of Authorized Representative or Designee

Date

Name of Applicant